

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
N/A			
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PAGE J OF 5

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Name (print)

Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
N/A	
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DATE	AMOUNT
CONTRIBUTION	OF EACH CONTRIBUTION

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CI	G
Name (print	t)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365		AMOUNT OF EACH EXPENSE
Consittee to Elect nice Carrigan	J	4-3-03	500,00
Connittee to Elect Tony annuations	J	4-3-03	500 =
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PAGE 4 OF 5

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Report Period

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	(
Name	(print)

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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DATE	AMOUNT OF EACH EXPENSE	
OF EACH :	OF EACH.	CATEGORY
1		

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